

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

22-62-014722
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 99

FILED APR 17 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

1 0320
2 0170
3
4 0
5 1
6
7 0
8 0
9 X
10
11 032
12 91-3
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 Mi. West, Stewartville Mo.		c. CITY OR TOWN Hale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gerald Middle Lee Last Oden		4. DATE OF DEATH Month Apr. Day 11 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/18/1939
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iowa-Mo. Walnut Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 22
11a. FATHER'S NAME Gerald W. Oden		11b. MOTHER'S MAIDEN NAME Anna Fern Little	11. BIRTHPLACE (City and state or country) Sumner, Mo.
12. CITIZEN OF WHAT COUNTRY USA		14. NAME OF HUSBAND OR WIFE Margaret Oden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Gerald W. Oden, Hale, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries in car wreck. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [redacted] DUE TO (c) [redacted] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [redacted] Month, Day, Year [redacted]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway		20f. CITY, TOWN, OR LOCATION [redacted]	
21. I attended the deceased from [redacted] and last saw her alive on [redacted] Death occurred at 6 A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Brown		22b. ADDRESS Coroner, Mayfield, Mo.	
22c. DATE SIGNED 4-11-62		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/11/62	23c. NAME OF CEMETERY OR CREMATORY Hale, Mo.	
24. FUNERAL DIRECTOR W. Hummerfield		25. DATE RECD. BY LOCAL REG. 4-12-62	
ADDRESS Stewartville Mo		26. REGISTRAR'S SIGNATURE Louise E. Davids	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.